
CERTIFICATE OF LAND USE RESTRICTION

1. NAME AND ADDRESS OF PROPERTY OWNER (S)

2. ADDRESS OF PROPERTY

3. NAME OF SUBDIVISION OR DEVELOPMENT (if applicable)

4. TYPE OF RESTRICTION (S)

<input type="checkbox"/> Zoning Map Amendment to	<input type="checkbox"/> Conditional Zoning
<input type="checkbox"/> Zone Condition	
<input type="checkbox"/> Development Plan	<input type="checkbox"/> Other _____ (Specify)
<input type="checkbox"/> Unrecorded Subdivision Plat	
<input type="checkbox"/> Variance	
<input type="checkbox"/> Conditional Use Permit	

5. NAME AND ADDRESS OF PLANNING COMMISSION, BOARD OF ADJUSTMENT, LEGISLATIVE BODY OR FISCAL COURT WHICH MAINTAINS THE ORIGINAL RECORDS CONTAINING THE RESTRICTION

Signature of Completing Official

Name and Title of Completing Official (Type or Print)